Apostille

(Convention de La Haye du 5 Octobre 1961)

1. Country: United States of America

   This public document

2. has been signed by **Milton Adair Tingling**

3. acting in the capacity of **County Clerk**

4. bears the seal/stamp of the **county of New York**

Certified

5. at New York City, New York

6. the 16th day of July 2025

7. by Deputy Secretary of State for Business and Licensing Services, State of New York

8. No. NYC-2639837

9. Seal/Stamp

10. Signature

STATE OF NEW YORK
DEPARTMENT OF STATE

Whitney A Clark

Whitney A. Clark

Deputy Secretary of State for Business and Licensing Services

Form 1

State of New York
County of New York } ss:

No. 1081413

I, Milton Adair Tingling, Clerk of the County of New York, and Clerk of the Supreme Court in and for said county, the same being a court of record having a seal, **DO HEREBY CERTIFY THAT**

GRETCHEN VAN WYE

whose name is subscribed to the annexed original instrument has been commissioned and qualified as a ~~NOTARY PUBLIC~~ CITY REGISTRAR and has filed his/her original signature in this office and that he/she was at the time of taking such proof or acknowledgment or oath duly authorized by the laws of the State of New York to take the same: that he/she is well acquainted with the handwriting of such public officer or has compared the signature on the certificate of proof or acknowledgment or oath with the original signature filed in his/her office by such public officer and he/she believes that the signature on the original instrument is genuine.

IN WITNESS WHEREOF, I have hereunto set my hand and my official seal this
03rd day of July, 2025

Milton Adair Tingling
County Clerk, New York County

COUNTY CLERK NEW YORK COUNTY

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7-102

NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE

EXEMPLIFICATION OF BIRTH OR DEATH RECORD

I, Gretchen Van Wye, the City Registrar of the Department of Health and Mental Hygiene of the City of New York, a department of the Municipal Corporation known as the City of New York, hereby certify that the foregoing transcript is a true copy of the original record currently on file with the Department of Health and Mental Hygiene of the City of New York, and that I am authorized to certify the said record in accordance with Section 17-102 (Sub 2) of the Administrative Code of the City of New York.

The foregoing transcript is a true copy of said original record, identified as

☑ Birth ☐ Death

Certificate Number 156-87-208293 Year 1987

Borough of Bronx

In witness whereof I have hereunto set my hand and caused the seal of the Board of Health of the Department of Health and Mental Hygiene of the City of New York to be affixed this 14th *day of* May *in the year* 2025

CITY OF NEW YORK COUNTY OF NEW YORK

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CITY OF NEW YORK

Gretchen Van Wye

Signature